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## FACSIMILE TRANSMISSION

DATE: July 25, 2007

DOCKET NUMBER: 7096-  
102

RECIPIENT(S):	FAX No.:	PHONE No.:
Group 1645 Examiner N. M. Minnifield	(571) 273-8300	571-272-0860

CC: TO 571-273-0860

FROM: Robert Berliner

FLOOR: 31

PHONE: (213) 533-4171

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RE: 09/830,839

NUMBER OF PAGES INCLUDING COVER PAGE: 6

## MESSAGE:

See attached letter and copy of change of address form sent on February 21, 2007.

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JEAN AT (213) 533-4172 AS SOON AS POSSIBLE.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	: Anisar Pathan et al.	)
Serial No.	: 09/830,839	) Confirmation No. 351
Filed	: February 19, 2002	)
For	: TUBERCULOSIS DIAGNOSTIC TEST	) Group Art Unit: 1645
Docket No.	: 7096-102	)

COMMISSIONER FOR PATENTS  
P. O. Box 1450  
Alexandria, VA 22313-1450

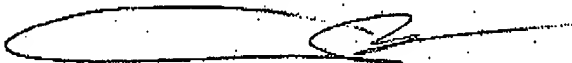
Dear Sir:

## LETTER

Attached is a copy of a Change of Correspondence Address which was faxed to the Patent Office on February 21, 2007 along with a copy of our fax Transmission Verification Report. We have been advised that the change of address has not been entered in the system.

Please process this change of address.

Respectfully submitted,



Robert Berliner  
Registration No. 20,121

Berliner & Associates  
555 W. Fifth Street, 31st Floor  
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PTO/SB/122 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**CHANGE OF  
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Application Number	09/830839
Filing Date	11-4-98
First Named Inventor	PATHAN, et al.
Art Unit	1645
Examiner Name	MINNIFIELD
Attorney Docket Number	7096-102

Please change the Correspondence Address for the above-identified patent application to:

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 20,121
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

Typed or Printed  
Name

Robert Berliner

Date

2-21-07

Telephone

(213) 533-4171

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMISSION VERIFICATION REPORT

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DATE, TIME	02/21 16:28
FAX NO./NAME	1915712738300
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